## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

5000-0144 pys/

| CLAIMS AS FILED - PART I  |  |   |  |  |                     |                                   |       | SMALL ENTITY        |                        |       | OTHER THAN                 |                        |  |
|---|--|---|--|--|---------------------|-----------------------------------|-------|---------------------|------------------------|-------|----------------------------|------------------------|--|
|   |  |   | (Colum                                     | n 1)                                       | (Column 2)          |                                   | _     | TYPE                |                        | OR    | SMALL ENTITY               |                        |  |
| U.S. NATIONAL STAGE FEES  |  |   |  |  |                     | ÷                                 |       | RATÉ                | FEE                    | ]     | RATE                       | FEE                    |  |
| BASIC FEE   |  |   | SMALL ENT                                  | . = \$ 150                                 | LAR                 | GE ENT. = \$ 300                  | 1     | BASIC FEE           |                        | OR    | BASIC FEE                  | 300                    |  |
| EXAMINATION FEE   |  |   | Satisfies PCT A<br>(4) = \$ 50             | ٠,,  |                     | ther situations = 100 / \$ 200    | 1     | EXAM. FEE           |                        | 1     | EXAM. FEE                  | 300                    |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cos \$ 200 / \$ | untries =                                  |                     | ther situations = \$ 250 / \$ 500 |       | SEARCH FEE          |                        |       | SEARCH FEE                 | 410                    |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | JY min                                     | us 100 =                                   |                     | / 50 =                            |       | X \$ 125 =          |                        | •     | X \$ 250 =                 | 100                    |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 12 mi                                      | nus 20 =                                   | •                   |                                   |       | X \$ 25 =           | <u> </u>               | OR    | X \$ 50 =                  |                        |  |
| INDEPENDENT CLAIMS  |  |   | ·2 m                                       | inus 3 =                                   | *                   |                                   |       | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |  |
| MÜL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT                                      |  | <del></del>         |                                   |       | + \$ 180 =          |                        | OR    | + \$ 360 =                 | ų.                     |  |
| * If  | the difference                                 | in column 1 is                            | less than zero                             | , enter "(                                 | olumn 2             |                                   | TOTAL | ·                   | OR                     | TOTAL | 9/17)                      |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |  |                     |                                   |       | SMALL ENTITY        |                        |       | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID              | BER<br>DUSLY        | PRESENT<br>EXTRA                  |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                      | **   |                     | = .                               |       | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                      | ***  |                     | =                                 |       | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                     |                                   |       | + \$ 180 =          | -                      | OR    | + \$ 360 =                 |                        |  |
|   |  |   |  |  |                     |                                   |       | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.               |                        |  |
|   |  | (Column 1)                                |  | <b></b>                                    | •                   | 40.4                              |       |                     |                        |       |                            |                        |  |
| NT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | (Colun<br>HIGH<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY | (Column 3) PRESENT EXTRA          |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total  | *   | Minus                                      | **   |                     | =                                 |       | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus                                      | ***  |                     | =                                 |       | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |  |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPE                               | NDENT C                                    | LAIM                |                                   |       | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |  |
|   |  |   |  |  |                     |                                   |       | TOTAL ADDIT.<br>FEE |                        | OR    | TOTAL ADDIT.<br>FEE        |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |  |                     |                                   |       |                     |                        |       |                            |                        |  |